

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

415-62-034028

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 415

FILED OCT 1 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
Length of stay in 1b 29 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hospital		d. STREET ADDRESS (If outside, give location) 518 North Sprigg	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ELSIE Middle WALLER Last WALLER		4. DATE OF DEATH Month September Day 20 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/19/1896
9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 4 Days 1		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	
11. BIRTHPLACE (City and state or country) Rector, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Allen Webb		13b. MOTHER'S MAIDEN NAME Cora Harper	
14. NAME OF HUSBAND OR WIFE James A. Waller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Alan M. Clack		Address Milwaukee, Wis.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) July 62	20f. CITY, TOWN, OR LOCATION Sep 20 62	
21. I attended the deceased from July 62 to Sep 20 62 and last saw her/him alive on 19 Sep 62		Death occurred at am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W. Ashley J. MD. (Degree or title)		22b. ADDRESS Cape Girardeau Mo	
22c. DATE SIGNED 22 Sep 62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 22, 1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
23d. LOCATION (City, town, or county) Cape Girardeau, Missouri			
24. FUNERAL DIRECTOR Walther's Funeral Home		25. DATE RECD. BY LOCAL REG. 9-22-62	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 4 1962

OCT 2 1962

OCT 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Lusk

Licensed Embalmer No. 5085

P. O. Address Cape Hindman, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.